ADDENDUM No. 01		BID DUE DATE AND TIME		
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE	LSU	04/26/2006	11:00 AM	СТ
SOLICITATION 000000351 VENDOR # 0006206 29 VENDOR NAME AND ADDRESS TITLE: MINI BLINDS-TERM CONTRACT Notice is given to all parties that this Solicitation is an official part of this Solicitation.	-		E HALL LA 70803 2306 This Addendum is hereby	made
Clarification: **Question #1: On the 1" blind itemized price sheet, you reference the 40" wide blinds on item #s 0063-0069(pages 26-28). This size blind is again referenced on item #0073-0076(pages 29-39). Should these items be referenced as a 44" wide blind. **Answer: Yes, Change items #'s 0073 thru 0076 to 44" wide blinds. **Question: On your specifications sheets referencing the 1" and 2" blinds, after each size there is an "FL". Is this intended to be finished length? **Answer: "FL" stands for finished length. This Addendum is to be signed and returned with your bid or otherwise acknowledged therein. If you have already submitted your bid, and this Addendum creates a need to revise/clarify your original response in any way, you are required to submit such in writing. To be considered, your addendum response must be submitted to and received by the issuing LSU Campus/Department at the "Return Bid To" address stated above no later than the specified bid due date/time. Submittals must be clearly marked with the				
solicitation number and the bid due date/time and returned via fax, courier service, hand delivery, or USPS mail. Bid revisions received after bid opening cannot be considered, whereupon the bidder must either honor or withdraw its original bid. Bidder's Addendum Acknowledgement/Response: As an authorized agent/signatory of the bidder, I/we acknowledge receipt of this Addendum, and				
submit no alterations/clarifications to our original bid submit superseding revisions/clarifications to our original bid as written herein or attached hereto.				
BIDDER (Name of Firm)	MAI	LING ADDRESS		
AUTHORIZED SIGNATURE	CITY	, STATE ZIP		
PRINTED NAME	PHC	NE #		
TITLE	FAX	#		
E-MAIL	FED	ERAL TAX ID #		